

sufficient for the East, because most of the servants understand it; but, if Italian be spoken, the traveller's enjoyment will be greatly increased.

"Egypt should be left about the beginning or middle of March—circumstances, and the route to be taken on leaving, determining the precise time. If it be intended to return to England, the invalid should delay in Cairo or Alexandria till the middle of March, when he may leave for Malta with safety; but he ought not to proceed further north until the middle of April, unless he goes to Italy, and travels slowly through the Neapolitan and Roman states. Most persons who visit Egypt, however, make the tour across the desert to Syria, and, if circumstances permit, I would strongly advise all to perform it. The desert is full of interest; very different, indeed, from the idea usually entertained of it by Europeans; and as it forms the highway to a land associated with the earliest thoughts of every Christian, a journey through its wild and cheerless wastes greatly enhances the delight experienced at the first glimpse of the hills of Judea. To the invalid it possesses still other attractions. The climate is finer than that of Egypt, and the change of life there undergone, and the exercise which the traveller is obliged to take, are frequently of far more service in restoring health than any length of mere residence in any climate, and when improvement has already begun, there are few places better calculated to advance it.

"The journey across the desert may be accomplished as comfortably as the voyage on the Nile, and after a day or two, without the slightest fatigue. Last year numerous parties, and among the number many ladies, performed the trip, and all, without exception, bore testimony to the pleasure and benefit they derived from their wanderings.

"On leaving Egypt for Syria, there is a choice of routes, one a journey of thirty days, by Mount Sinai, Akaba, and Petra; the other, of twelve days, by El Arish and Gaza, on the south-east coast of the Mediterranean. To the invalid; I advise the longest, because, if improvement can be effected at all by climate, it must take place under the desert sky, and besides, it is the most interesting route. If he choose it, he ought to leave Cairo by the beginning of March, and thus enter Syria by the end of the month, leaving ample time for making the tour of Palestine, and being ready to sail from Beyrout to Marseilles by the steamer of the last week of April or first of May. By going to Marseilles, voyagers from the Levant now obtain free pratique in twenty-four hours, a comfort which those who have performed quarantine can appreciate. From Marseilles to England is a journey of four or five days, and in a few months, when part of the railways now constructing have been finished, will be much shorter.

"In bringing the above detached notices to a close, I would only express a hope, that no imaginary fears may deter medical men in recommending, or patients in adopting, the East as a residence and travelling ground during the winter. The annoyances to which the traveller is subjected are not very great, and are every day diminishing, and the expense of living and travelling is not greater than in other countries."

93. *Influence of Seasons on Health.*—In order to appreciate the influence of the seasons on the public health, we must proceed on an extensive scale; and the only source from which information can be drawn, without danger of too great errors, is found in the movements of the populations of hospitals and infirmaries. Going on this principle, M. Casper, of Berlin, offers the results of observations made on 155,000 cases of recent diseases, comprised in a period of seven years, from 1833 to 1840, the most extensive table yet made public. These 155,000 patients at Berlin are thus distributed, according to the season:—Summer, 40,700; Winter, 39,024; Autumn, 37,865; Spring, 37,748. Hence it follows, that in Berlin the greatest number of patients is in the summer; the least in the spring; and the numbers in spring and autumn are about alike. If, then, that season which causes the least amount of disease be regarded as the most healthy, summer is at the bottom of the scale, while spring is at the top,—speaking here of Berlin. Looking to the months in which disease is most prevalent, January and August occupy the first rank; then follow, with little difference between them, July, April, September, June, February, March, November and October; lastly, May and December; the two last furnishing fewest cases. If, instead of taking the number

of patients as a criterion of the relative salubrity of the seasons, we seek to determine it by the proportional mortality in a given population, the results become notably changed, and summer does not appear so insalubrious. In fact, of 55,609 deaths in Berlin, in seven years, the proportion was 1·4·10 in 100 in autumn; 2·4·71 in spring; 2·4·87 in winter; in summer, 26·31. The month of August has always proved the most insalubrious and fatal. Comparing these results at Berlin with those derived from the official documents respecting the sanitary state of Paris and Philadelphia, we shall see that Paris, from 1819 to 1826, lost 189,126 inhabitants, and in the proportion of 28·63 in 100 in spring; 25·29 in winter; 23·44 in summer; and 22·61 in autumn; whilst the city of Philadelphia numbered, from 1811 to 1820, 23,486 deaths, in the proportion of 31·19 in 100 in summer; 23·75 in spring; 23·89 in autumn; and 21·15 in winter. Thus, the law established by Hippocrates, on the relative influence of the seasons, does not hold good universally. At Berlin and Philadelphia, the highest amount of mortality is in summer; but at Paris, in spring. On the other hand, the minimum mortality is at Paris and Berlin in autumn; whilst at Philadelphia it is in winter. Thus, we may suppose these differences to be partly traceable to locality, soil, water, and other conditions of climate. One cannot otherwise understand how the maximum mortality is at one season in one place, at another, in another. Further, as M. Quetelet and Villormé have remarked, this maximum and minimum may vary in the same country at different epochs. It follows, from a table by M. Casper, that at Berlin, in the eighteenth century, the maximum mortality was in spring, as it now is in Paris; and again, the minimum was at Berlin, in that century, in winter, whereas it is now in autumn. Temperature stands foremost among the conditions which notably make the influence exercised by the seasons to vary. It results, from the researches of M. Casper, that every extreme of temperature, at either end of the scale, exercises a disastrous influence on human life; and this applies to all the seasons indifferently, and by the very fact of sudden variation. M. Casper believes that he has also arrived at the law, that at almost every season the augmentation of atmospheric pressure increases, whilst the diminution decreases, the ratio of mortality—i. e., that the mortality is directly as the pressure. The preceding facts are chiefly taken from Dr. Casper's valuable essay, published last year at Berlin, and entitled "*Denkwürdigkeiten zur Medicinischen Statistik und Staatsarzneikunde.*"—*Lancet*, Sept. 11, 1847.

MISCELLANEOUS.

94. *Epidemic Cholera*.—This disease has, for the second time, invaded Europe, and, as on its first appearance in 1831-2, it threatens to spread over the whole globe. The present epidemic manifested itself in Sept. 1845, at Bokhara and Samarcand, and in the same year, at a point diametrically opposite, at Bagdad, in which city, containing 80,000 inhabitants, from 400 to 450 died daily. The disease thence followed the course of the pilgrims to Mecca, and in November, 1845, advanced towards Teheran, one of the chief cities of Persia, but did not appear in that city till June, 1846. The patients there seized with it did not suffer, it is said, from cramps or vomitings, but fell into a kind of lethargy, accompanied with paralysis. All remedies were unavailing, and those seized died at the end of from three to eight hours. Not less than 300 died every day, and of 130,000 people in the city, 9000 fell victims to the scourge. The epidemic declining there, then directed its course through the districts of Selirumun, Kasbia, and Kasehan; and in August approached Tauris, and then Astrabad—always pursuing a westward course. At Tauris, the malady did not appear with so great severity; little was complained of by patients except vomiting and cramps, which were relieved by medicines. In its course through Persia, the cholera did not always follow the direction of the winds, nor that of the chief roads or valleys, but its march was irregular, and large tracts were passed over.

In October, 1846, the cholera showed itself in the region of the Caucasus, but in a very mild form; and on the 13th of May, 1847, appeared at Tiflis. In that city, from the 13th of May to the 24th of June, but sixty-seven persons died out of